

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Healthcare Professionals .....	Survey Screening Forms .....	2,250	1	10/60	375
General Public .....	Surveys .....	2,625	1	45/60	1,969
Healthcare Professionals .....	Surveys .....	1,125	1	45/60	844
General Public .....	Pre/Post Tests .....	1,750	1	45/60	1,313
Healthcare Professionals .....	Pre/Post Tests .....	750	1	45/60	563
<b>TOTAL</b> .....	.....	<b>17,500</b>	.....	.....	<b>7,982</b>

**Leroy A. Richardson,**

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014-29503 Filed 12-16-14; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Office for State, Tribal, Local and Territorial Support (OSTLTS) Meeting**

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, CDC/Agency for Toxic Substances and Disease Registry (ATSDR), announces the following meeting and Tribal Consultation Session:

*Name:* Tribal Advisory Committee (TAC) Meeting and 12th Biannual Tribal Consultation Session

*Times and Dates:*

8:00 a.m.–5:00 p.m., February 10, 2015 (TAC Meeting)

8:00 a.m.–5:00 p.m., February 11, 2015 (12th Biannual Tribal Consultation Session)

*Place:* The TAC Meeting and Tribal Consultation Session will be held at CDC Headquarters, 1600 Clifton Road, NE., Global Communications Center, Auditorium B3, Atlanta, Georgia 30333.

*Status:* The meetings are being hosted by CDC/ATSDR in-person only and are open to the public. Attendees must pre-register for the event by Friday, January 23, 2015, at the following link: <http://www.cdc.gov/tribal/meetings.html>.

*Purpose:* The purpose of these recurring meetings is to advance CDC/ATSDR support for and collaboration with tribes, and to improve the health of tribes through, including but not limited to, assisting in eliminating the health disparities faced by Indian Tribes, ensuring that access to critical health and human services and public health

services is maximized to advance or enhance the social, physical, and economic status of Indians; and promoting health equity for all Indian people and communities. To advance these goals, CDC/ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

*Matters for Discussion:* The TAC and CDC leaders will discuss the following public health issue topics: Native specimens, injury prevention and occupational safety, hepatitis C virus, tuberculosis, and communication and engagement with tribes; however, discussion is not limited to these topics.

During the 12th Biannual Tribal Consultation Session, tribes and CDC leaders will engage in a listening session with CDC's director and roundtable discussions with CDC senior leaders, and tribes will have an opportunity to present testimony on tribal health issues.

Tribal leaders are encouraged to submit written testimony by January 23, 2015, to April R. Taylor, Public Health Analyst for the Tribal Support Unit, OSTLTS, via mail to 4770 Buford Highway NE., MS E-70, Atlanta, Georgia 30341 or email to [TribalSupport@cdc.gov](mailto:TribalSupport@cdc.gov).

Depending on the time available, it may be necessary to limit the time of each presenter.

The agenda is subject to change as priorities dictate.

Information about the TAC, CDC's Tribal Consultation Policy, and previous meetings can be found at the following web link:

<http://www.cdc.gov/tribal>.

*Contact person for more information:* April R. Taylor, Public Health Analyst, CDC/OSTLTS, 4770 Buford Highway NE., MS E-70, Atlanta, Georgia 30341; email: [ARTaylor@cdc.gov](mailto:ARTaylor@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention, and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014-29489 Filed 12-16-14; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review**

The meeting announced below concerns Occupational Safety and Health Training Project Grants, PAR10-288, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

*Times and Dates:*

6:00 p.m.–8:00 p.m., January 13, 2015 (Closed)

8:00 a.m.–8:00 p.m., January 14, 2015 (Closed)

*Place:* Atlanta Airport Marriott, 4711 Best Road, Atlanta, Georgia 30337, Telephone: (404) 766-7900

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters for Discussion:* The meeting will include the initial review, discussion, and evaluation of applications received in response to "Occupational Safety and Health Training Project Grants, PAR10-288, initial review."

*Contact Person for More Information:* Donald Blackman, Ph.D., Scientific Review Officer, CDC, 2400 Century Center Parkway, NE., 4th Floor, Room 4204, Mailstop E-74, Atlanta, Georgia 30345, Telephone: (404) 498-6185, [DYB7@CDC.GOV](mailto:DYB7@CDC.GOV).

The Director, Management Analysis and Services Office, has been delegated the

authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2014–29488 Filed 12–16–14; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC); Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee:

*Time and Date:* 11:00 a.m.–1:00 p.m. (EST), January 13, 2015.

*Place:* This meeting will be held by teleconference.

*Status:* Open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment period, tentatively scheduled from 12:45 p.m. until 12:50 p.m.

To participate in the teleconference, please dial (877) 930–8819 and enter code 1579739.

*Purpose:* The Advisory Committee to the Director, CDC, shall advise the Secretary, HHS, and the Director, CDC, on policy and broad strategies that will enable CDC to fulfill its mission of protecting health through health promotion, prevention, and preparedness. The committee recommends ways to prioritize CDC's activities, improve results, and address health disparities. It also provides guidance to help CDC work more effectively with its various private and public sector constituents to make health protection a practical reality.

*Matters for Discussion:* The Advisory Committee to the Director will receive updates from the State, Tribal, Local and Territorial Subcommittee; the External Laboratory Safety Workgroup, and the Public Health—Health Care Collaboration Workgroup; and an update from the CDC Director on the Ebola response.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Carmen Villar, MSW, Designated Federal Officer, ACD, CDC, 1600 Clifton Road NE., M/S D–14, Atlanta, Georgia 30333; Telephone (404) 639–7158; Email: [GHickman@cdc.gov](mailto:GHickman@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and

other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 2014–29487 Filed 12–16–14; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2014–N–2033]

#### Agency Information Collection Activities; Proposed Collection; Comment Request; Survey on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice and Retail Food Stores Facility Types

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information and to allow 60 days for public comment in response to the notice. This notice solicits comments on a survey entitled “Survey on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice and Retail Food Stores Facility Types (2015–2025).”

**DATES:** Submit either electronic or written comments on the collection of information by February 17, 2015.

**ADDRESSES:** Submit electronic comments on the collection of information to <http://www.regulations.gov>. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, [PRAStaff@fda.hhs.gov](mailto:PRAStaff@fda.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501–3520), Federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. “Collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes Agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal Agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

#### Survey on the Occurrence of Foodborne Illness Risk Factors in Selected Retail and Foodservice Facility Types (2015–2025) (OMB Control Number 0910–NEW)

##### I. Background

From 1998–2008, FDA's National Retail Food Team conducted a study to measure trends in the occurrence of foodborne illness risk factors, preparation practices, and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors to foodborne illness outbreaks at the retail level. Specifically, data was collected by FDA Specialists in retail and foodservice establishments at 5-year intervals (1998, 2003, and 2008) in order to observe and document trends in the occurrence of the following foodborne illness risk factors:

- Food from Unsafe Sources,
- Poor Personal Hygiene,
- Inadequate Cooking,